

ABSENTEE BALLOT APPLICATION

EXCEPTION: Absent Active Duty Military, Virginia Voters Residing Overseas and Dependents residing with them **MUST USE** the Federal Post Card Application. It can be downloaded from: www.fvap.gov Click On-Line Version Of The FPCA.

- ☐ I am a registered voter in the County/City of _____
I am applying to vote by absentee ballot in the following election . . .
- ☐ General or Special *or* ☐ Democratic Primary *or* ☐ Republican Primary
to be held on _____, 20 _____

OFFICE USE ONLY

Appl. No. _____

PCT _____ DIST _____
Date Received _____
☐ In Person ☐ By Mail ☐ By Fax ☐ Other
Application Accepted ☐ YES ☐ NO
Reason Denied _____
Reviewed By _____

**A separate form MUST be submitted
for Each Person and for Each Election**

BALLOTS MAILED ONLY IF PARTS A THROUGH E ARE COMPLETED.**MAXIMUM PENALTY FOR ANY FALSE STATEMENT: \$2500 FINE AND/OR 10 YRS IN JAIL.**

PART A *I expect to be absent on election day or I cannot go to the polls because: (Check one box only in Part A. Provide required information.)*
EXCEPTION: "FIRST TIME VOTERS IN VIRGINIA" who registered to vote by mail MAY VOTE BY MAIL ONLY IF the reason code in Part A is 1A or 2A.

STUDENT

- 1A ☐ I am a student attending . . . *OR* 1B ☐ I am the spouse of a student attending . . .

Name & Address of School [Required for 1A & 1B]

BUSINESS

- 1C
- ☐
- I will be absent on business

Name of Employer or Business [Required]

PERSONAL BUSINESS OR VACATION

- 1D
- ☐
- I will be traveling on personal business or vacation

Place of Travel [Required]

WORKING AND COMMUTING TO AND FROM HOME FOR 11 OR MORE HOURS BETWEEN 6:00 AM AND 7:00 PM

- 1E
- ☐
- I will be working and commuting on election day

From _____ AM to _____ PM [Required]

Name of Employer or Business [Required]

Address of Employer or Business [Required]

DISABILITY OR ILLNESS

- 2A
- ☐
- I have a physical disability or illness

Nature of Physical Disability or Illness [Required]

CARE GIVER

- 2B
- ☐
- I am the primary care giver for a family member whose name is

[Required]

and whose illness or disability is

[Required]

CONFINEMENT

- 3A
- ☐
- I am confined, awaiting trial,
- OR*

- 3B
- ☐
- I am confined, having been convicted of a misdemeanor, in . . .

Place of Confinement & Address [Required for 3A & 3B]

ELECTION OFFICIAL

- 4A
- ☐
- I am an Electoral Board member, a Registrar, an Officer of Election, or a custodian of voting equipment

RELIGION

- 5A
- ☐
- I have a religious obligation

Religion & Nature of Obligation [Required]

PART BBallot can be mailed only to:

- Address where you are registered, *or*
— Address while absent from county/city
The ballot cannot be sent "in care of"

I am voting **BY MAIL**. Send the ballot to me at this address . . .

ZIP _____

PART C **Assistance:** I will need help in marking my ballot . . .

because of a physical disability, blindness, or an inability to read or write.

☐ Yes☐ NoIf *Yes*, a required form is sent with the ballot**PART D****Absentee Voter's Statement****REQUIRED**

I declare, under penalty of law, that . . .

- The facts contained in this application are true and correct to the best of my knowledge
- I have not and will not vote in this election at any other place in Virginia or other state

Full Name of Absentee Voter * [Print]

Legal Virginia Residence Address * [Print]

City/Town [Print]

Zip

Signature of Applicant

Date

Social Security Number (SSN)

Area Code

Daytime Phone

- * ☐ Check here - if this is a change of NAME or ADDRESS.
Then, complete PART F on the reverse side of this form.

PART E Assistant's Statement

**REQUIRED ONLY IF VOTER
CANNOT SIGN OR WRITE DUE
TO REASONS STATED PART C**

I declare, under penalty of law, that . . .

- I have written on applicant's signature line: "Applicant Unable to Sign"
- I have signed and provided requested information below

Full Name of Assistant [Print]

Address of Assistant [Print]

City/Town [Print]

Zip

Signature of Assistant [18 or older]

The SSN is part of your voter record and is requested to assure that no other person is permitted to vote in your name. The General Registrar deletes your SSN and telephone numbers on the copy of this document made available for public inspection. Knowingly giving any untrue information in this document is a felony under Virginia law. The maximum penalty is a fine of \$2500 and/or confinement for up to ten years. You also lose your right to vote.

INSTRUCTIONS: APPLICATION FOR ABSENTEE BALLOT

§§24.2-700 and 24.2-701, *Code of Virginia*

Complete all required information in Parts A - E, and Part F, if applicable. *Otherwise, your application cannot be processed.*

EXCEPTION: "FIRST TIME VOTERS IN VIRGINIA" who registered to vote by mail **MAY VOTE BY MAIL ONLY** IF the reason code in Part A is 1A or 2A.

Top of Form

- Complete the information at the top. You must . . .
 - be a registered voter in the locality where you are applying
 - identify the election in which you are applying

Part A

- Check only one reason for applying to vote.
- Enter the required information to support the reason.
[This information is required by state law.]

Part B

- Print the address where your absentee ballot is to be sent, if voting by mail. [Note the restrictions in the right-hand box.]

Part C

- Indicate if assistance, from another person, will be needed to vote the ballot. If *Yes* is checked, an ASSISTANCE form will be sent with the absentee ballot. The form, to be returned with the ballot, provides a legal safeguard for the voter and the assistant.

Part D

- **Absentee Voter:** Read the Statement in Part D. Then, print your full name, current LEGAL resident address, social security and telephone number. **SIGN YOUR NAME.**

NOTE: No witness is required to be present when you sign. A signature, based on use of a power of attorney, cannot be accepted. [Also see Part E below.]

Part E

- **Assistant:** IF THE ABSENTEE VOTER IS UNABLE TO SIGN his/her name and complete the information in Part D due to a physical or educational disability, write on the voter's signature line: "Applicant Unable to Sign." Then, print the voter's full name, residence address, social security and telephone number. Sign Part E.

Part F

- To remain a qualified voter, state law requires you to notify the General Registrar of a change in your name or address. Print any new information in Part F and sign your name. [The change will not be effective during the 28 days before a general or primary election.]

ATTENTION VOTERS:

- ➔ Apply early! Allow enough time for your application to be processed and your ballot to be mailed to you. Your voted ballot must be received by your Electoral Board in time to be counted on election day.
- ➔ In the next column, please provide your e-mail address, if you have one.
- ➔ In the next column, please provide your fax number, if you have one.

THIS INFORMATION WILL ENABLE YOUR GENERAL REGISTRAR TO CONTACT YOU, IF NECESSARY.

ENTER YOUR E-MAIL ADDRESS BELOW

ENTER YOUR FAX NUMBER BELOW

**FOR THE LATEST
ELECTION INFORMATION**
Visit the state website:
WWW.SBE.STATE.VA.US

PLACE YOUR APPLICATION IN AN ENVELOPE AND MAIL TO:

OR FAX YOUR APPLICATION TO:

PART F

CHANGE OF NAME OR ADDRESS

Full Name

IF NAME CHANGED, Former Full Name

NEW Virginia Residence Address [If different from address listed in Part D]

Apartment, Suite or Lot No.

DATE MOVED FROM OLD ADDRESS

City or Town

State

Zip

New Mailing Address [If different from the third line above]

OLD Virginia Residence Address

City or Town

State

Zip

Signature

Social Security Number

Absentee Voting Deadlines

▶ ABSENTEE VOTING *BY MAIL* . .

Application must be received in the Registrar's Office by the close of business on the Thursday before election day

Ballots will be mailed upon receipt of this application

▶ ABSENTEE VOTING *IN PERSON* . .

Absentee Voting Begins:

- 45 days (approx.) before a November election
- 30 days (approx.) before other elections

Absentee Voting Ends:

- 5:00 p.m. on the Saturday before election day